



Nebraska Department of Health and Human Services



HEALTH ALERT NETWORK Advisory



TO: Nebraska Emergency Medicine, Urgent Care, and Primary Care Providers, and Pharmacies

FROM: Thomas J. Safranek, M.D. Joann Schaefer, M.D.
State Epidemiologist Chief Medical Officer

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RE: **Guidance on managing possible exposures to rabies**

DATE: September 1, 2011

Bats are beginning to seek shelter for the winter, bringing them into closer contact with humans. As a reminder, skunks and bats are the primary reservoirs of rabies in Nebraska. Other wild mammals, and domestic animals, such as dogs, cats, cattle, and horses can also be infected and thus can become a source of exposure to people. Bat bites can be easy to overlook and any skin contact with a flying bat can result in a bite and/or saliva exposure. Finding a bat in a room with young children, elderly individuals, any sleeping person, or anyone who is unable to understand and communicate well should be considered a potential exposure, even if there is no evidence of a bite (CDC 2008, pg. 13).

If a wild animal can be captured and tested for rabies, or a domestic animal can be located and observed for 10 days, postexposure prophylaxis (PEP) can wait until testing or observation is complete. For instructions on how to safely capture a bat, please refer to information provided by the CDC at the following link, <http://www.cdc.gov/rabies/bats/contact/capture.html>. If an exposure occurred and the animal is not available for testing, the animal displayed unprovoked aggression or illness, or if there were bites to the face or neck, PEP should not be delayed. Please find the attached algorithms for managing exposures. The first is for all species of animals and the other is specific for bats. Please note that no time limit exists for initiation of PEP if an exposure is identified retrospectively.

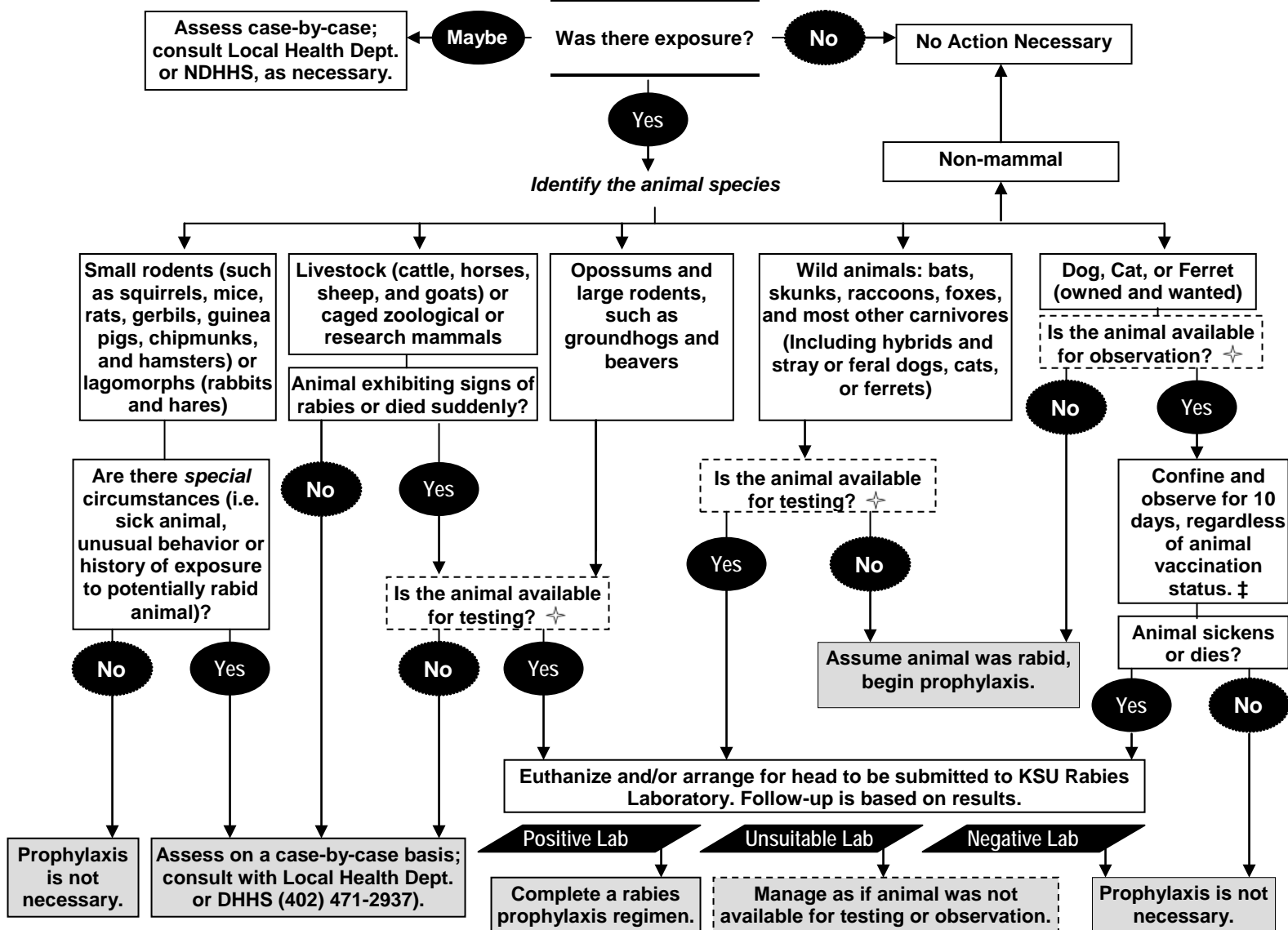
The CDC's Advisory Committee on Immunization Practices (ACIP) recommends the use of human rabies immune globulin (HRIG) for previously unvaccinated persons, directly in the wound or proximal to it, if possible, in combination with a 4-dose vaccination schedule for most people, and a 5-dose schedule for persons with altered immunocompetence. Previously vaccinated persons should receive 2 doses, but no HRIG. The 4-dose regimen should be administered intramuscularly, with the first dose administered as soon as possible after exposure (day 0), and on days 3, 7, and 14 after the first vaccination. Detailed instructions are in the ACIP references that follow (CDC 2008, pg. 16; CDC 2010 pg. 6).

Please find the attached algorithms for managing exposures. The first is for all species of animals and the other is specific for bats. Please refer to the other attached document listing phone numbers of Local Health Departments in Nebraska for assistance with rabies issues, exposure assessment assistance, and questions regarding PEP or contact the Office of Epidemiology at the Nebraska Department of Health and Human Services, (402) 471-2937.

References:

- CDC 2008. Centers for Disease Control and Prevention. Human Rabies Prevention - United States, 2008. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2008;57(No. RR-3: 1-28.) (<http://www.cdc.gov/mmwr/pdf/rr/rr5703.pdf>).
- CDC 2010. Centers for Disease Control and Prevention. Use of a Reduced (4-dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies. Recommendations of the Advisory Committee on Immunization Practices. MMWR 2010;59(No. RR-2: 1-9.) (<http://www.cdc.gov/mmwr/pdf/rr/rr5902.pdf>).
- National Association of State Public Health Veterinarians. May 31, 2011. Compendium of Animal Rabies Prevention and Control, 2011. (<http://www.nasphv.org/Documents/RabiesCompendium.pdf>).

Rabies Exposure Assessment Algorithm: Human Exposures to Potentially Rabid Animal



Notes:

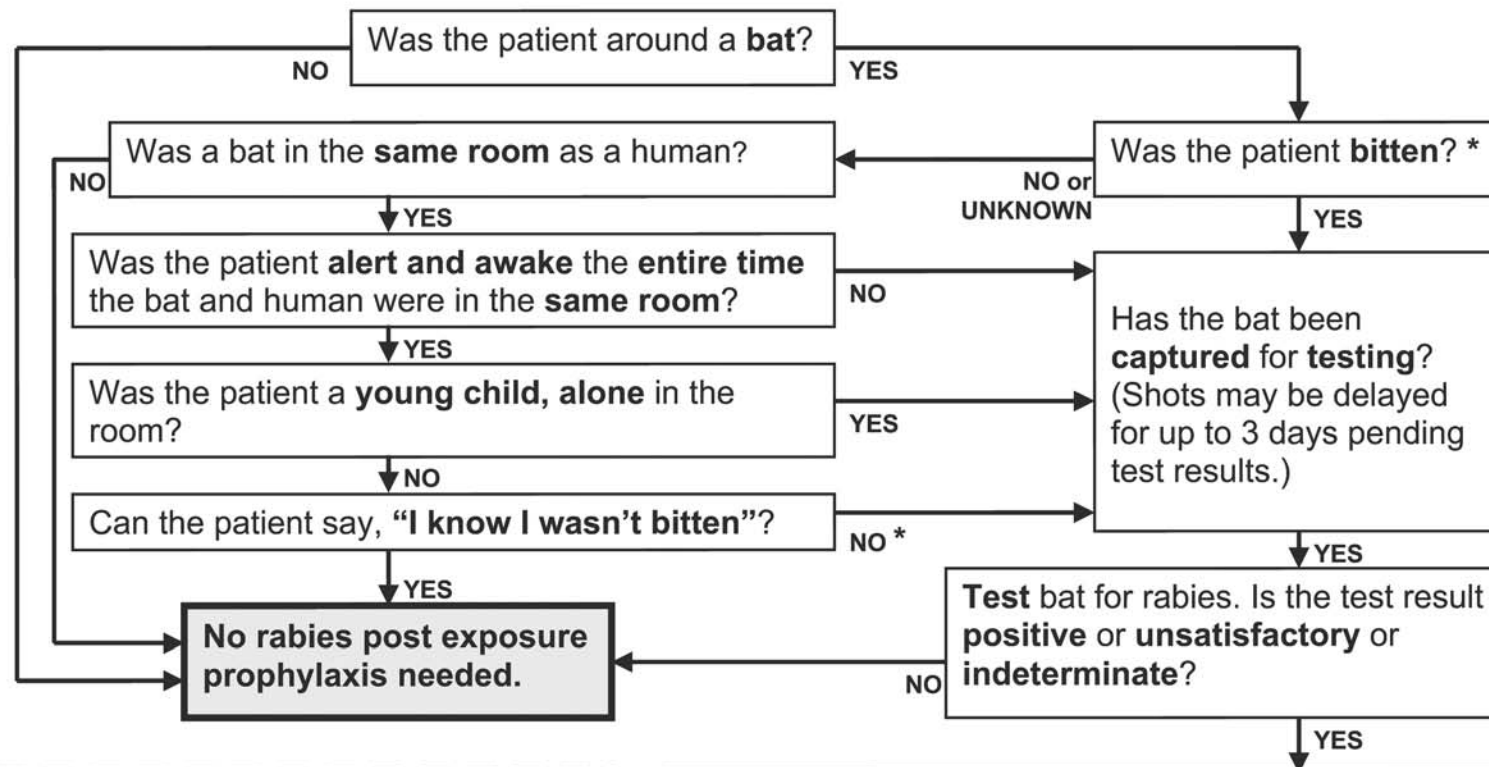
- 1) **Exposure:** Any penetration of the skin by the teeth or any contamination of mucous membranes or fresh, open cuts in the skin with saliva or brain material. Please refer to note 2) for bats.
- 2) **Bat Exposure:** Every effort should be made to safely capture and test the bat involved. Please refer the *Rabies Exposure Management of Bat-related Incidents* algorithm for specific guidance regarding Bat Exposures.
- 3) **Immediate care:** Proper wound care should always occur (i.e., cleaning area, tetanus booster, and/or antibiotics, as needed).
- 4) **For consultation:** Contact Local Health Department or NDHHS Office of Epidemiology at (402) 471-2937.

☆ Contact DHHS at (402) 471-2937 for Rabies Approval (RA) number. Exposed individuals may be offered post-exposure prophylaxis (PEP) at anytime during the period of testing or observation if the situation is considered one of high risk for potential rabies transmission. If the animal is later determined not rabid, treatment should be stopped.

On a case-by-case basis, it may be allowable to wait up to 72 hours to identify an animal's owner or to capture an offending animal (assuming the correct animal can be positively identified).

‡ For the 10 day observation period, day 0 is the day that the bite or exposure occurred.

Rabies Exposure Management for Bat-related Incidents



* Thoroughly **wash** any **wounds** with **soap and water** and, if available, **flush** with **povidone iodine solution** (or other virucidal solution). Evaluate **tetanus** vaccination status, update if needed.

Administer rabies post exposure prophylaxis (PEP):
Human Rabies Immune-Globulin (HRIG) on day 0, plus a series of Human Rabies Vaccines (HRV) on days 0, 3, 7, and 14 (immune compromised patients should receive a 5th dose on day 28 and subsequent titer check).

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*Based on the algorithm, "Bat Exposure: Rabies Exposure Management for Bat-related Incidents," developed by the Iowa Department of Public Health (<http://www.idph.state.ia.us/Cade/Rabies.aspx>), accessed August 29, 2011.

Nebraska Local Health Departments

